

**Purvis, Gray & Company, LLP
2347 SE 17th Street
Ocala, FL 34471
352-732-3872**

May 9, 2019

CONFIDENTIAL

**Kids Central Inc.
901 Industrial Drive, Suite 200
Wildwood, FL 34785**

Dear Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

Although the first sentence herein indicates that we prepared the return without verification or audit of the information provided by you strictly for the preparation of the attached tax return, such information may have been subjected to audit procedures used in our audit of your financial statement conducted in accordance with the appropriate professional auditing standards.

Please be sure to read the attached Tax Return Engagement Memorandum. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Purvis, Gray & Company, LLP

TAX RETURN ENGAGEMENT MEMORANDUM

We appreciate the opportunity to serve you and prepare your tax return. This memorandum is to inform you of important matters related to that preparation and remind you of some important responsibilities placed on you as the taxpayer. Please read this carefully before signing your return.

Your tax return was prepared using information you provided. We have not audited or independently verified the data you furnished even though we may have asked for further clarification on some of the information, even if we issued an auditors' or accountants' report on your financial statements. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other information that form the basis of income and deductions. This includes documents we returned to you. Such documentation may be necessary to prove the accuracy and completeness of the return to a taxing authority.

Your returns are subject to review by taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you, billing you for such services at our standard hourly rates.

Generally, no deduction shall be allowed for any travel or entertainment expense, business gifts, or for the use of "listed property," unless the taxpayer can substantiate the business use or purpose by adequate records or sufficient evidence. For a meal or entertainment deduction, the records must document the amount, time, place and business purpose. The term "listed property" includes property subject to business and personal use, e.g., automobiles, boats, airplanes, portable telephones and home computers. Failure to comply with these requirements can result in the disallowance of the deductions and in the assessment of substantial penalties. Our understanding is that information you provided is supported by records required.

Special documentation requirements apply when deducting certain charitable contributions. Examples of these requirements include (1) certain contributions of \$250 or more must be supported by a written acknowledgement from the charitable organization; (2) a deduction of \$500 or more of a motor vehicle, boat, or airplane requires an attached statement to your return; and (3) certain noncash contributions of \$5,000 or more may require a timely prepared "qualified appraisal" or the deduction will be disallowed. We have not attempted to verify your records regarding charitable contributions, even though we may have asked you for clarification or additional details while preparing the return.

The law provides for a number of penalties which may be assessed by the Internal Revenue Service or other tax authority. A complete list of those penalties is not included herein, but please be advised that a penalty may apply if (1) there is a late payment of tax; (2) there is a failure to timely file the return; or (3) there is a failure to make timely and adequate estimated tax payments. Also, a 20% penalty may be applied if there is (1) negligence or disregard of the rules and regulations; (2) a substantial valuation overstatement; (3) a substantial estate or gift valuation understatement or (4) there is a substantial underpayment of income tax. A substantial underpayment generally is one that exceeds the greater of 10% of the correct tax for the year or \$5,000 (\$10,000 in the case of a "C" corporation).

There is also a penalty for transactions that do not have economic substance. Generally, a transaction has economic substance only if, other than for federal tax purpose or effects, it changes in a meaningful way the taxpayer's economic position and the taxpayer has a substantial purpose for undertaking the transaction. This penalty cannot be waived for reasonable cause and may vary depending on whether the transaction is disclosed adequately in the tax return. Please be sure that you have discussed any such transactions with us prior to filing this return.

As taxpayer, you have the final responsibility for the tax return. You should carefully review any return before you sign and file such return. After you review your return, if you find that you did not provide us with all necessary information or there is a possibility that information provided may not be in accordance with the appropriate guidelines, please contact us immediately to discuss such matters before filing the tax return since revisions may be required.

Once again, thank you for the opportunity to be of service.

Purvis, Gray & Company, LLP

Filing Instructions

Kids Central Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 6/30/18 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Mail: Purvis, Gray & Company, LLP
Attn: EF Monitor
2347 SE 17th Street
Ocala, FL 34471

Fax: 352-732-0542 Attn: EF Monitor

Or scan and e-mail to: cfmonitor-gnv@purvisgray.com (Gainesville Office),
cfmonitor-oca@purvisgray.com (Ocala Office),
efmonitor-sar@purvisgray.com (Sarasota Office),
efmonitor-tal@purvisgray.com (Tallahassee Office)

Other: Your return is being filed electronically with the IRS and is not required to be mailed. DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS. Mailing a paper copy of your return to the IRS will delay the processing of your return.

We will provide you with a copy of your *e-file* acceptance form upon request. If you would like a copy, please contact us.

Form 8879-EO**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service
Name of exempt organizationFor calendar year 2017, or fiscal year beginning **7/01** 2017, and ending **6/30/2018**
► Do not send to the IRS. Keep for your records.
► Go to www.irs.gov/Form8879EO for the latest information.**2017****KIDS CENTRAL INC.**Employer identification number
03-0423152Name and title of officer
**JOHN AITKEN
CFO****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | |
|--|--|----------------------|
| 1a Form 990 check here ► <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b 54,557,078 |
| 2a Form 990-EZ check here ► <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ► <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ► <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ► <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **PURVIS, GRAY & COMPANY, LLP** to enter my PIN as my signature
ERO firm name
Enter five numbers, but
do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ► **05/09/19****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ►

Date ► **05/09/19**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

Form 990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017Open to Public
Inspection**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**

| | | |
|---|--|--|
| B Check if applicable: | C Name of organization | D Employer identification number |
| <input type="checkbox"/> Address change | KIDS CENTRAL INC. | 03-0423152 |
| <input type="checkbox"/> Name change | Doing business as | E Telephone number |
| <input type="checkbox"/> Initial return | Number and street (or P.O. box if mail is not delivered to street address) 901 INDUSTRIAL DRIVE, SUITE 200 | Room/suite |
| <input type="checkbox"/> Final return/terminated | City or town, state or province, country, and ZIP or foreign postal code WILDWOOD FL 34785 | G Gross receipts 54,600,255 |
| <input type="checkbox"/> Amended return | F Name and address of principal officer: JOHN COOPER 901 INDUSTRIAL DRIVE, SUITE 200 WILDWOOD FL 34785 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Application pending | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(e)(1) or <input type="checkbox"/> 527 | J Website: ► WWW.KIDSCENTRALINC.ORG | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: 2002 M State of legal domicile: FL |

Part I Summary

| | | | |
|------------------------------------|---|----------------------------------|--------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| | | | |
| Revenue | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | 3 11 | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 4 11 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 5 149 | |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 6 40 | |
| | 6 Total number of volunteers (estimate if necessary) | 7a 0 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7b 0 | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | | |
| Expenses | 8 Contributions and grants (Part VIII, line 1h) | 51,730,077 | 52,372,059 |
| | 9 Program service revenue (Part VIII, line 2g) | 2,002,957 | 2,201,348 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -23,353 | 1,328 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 8c, 10c, and 11e) | -15,064 | -17,657 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 53,694,617 | 54,557,078 |
| Net Assets or Fund Balances | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 9,372,747 | 9,887,044 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 8,424,149 | 8,067,930 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ► | 0 | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 36,133,920 | 36,207,073 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 53,930,816 | 54,162,047 |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | -236,199 | 395,031 |
| | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 7,120,035 | 7,033,435 |
| | 21 Total liabilities (Part X, line 26) | 5,445,735 | 4,964,104 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,674,300 | 2,069,331 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|---|--|
| Sign Here | ► Signature of officer JOHN AITKEN | Date |
| | Type or print name and title CFO | |
| Paid Preparer Use Only | Print/Type preparer's name TIMOTHY M. WESTGATE, CPA | Preparer's signature |
| | Firm's name ► PURVIS, GRAY & COMPANY, LLP | Date 05/09/18 Check <input type="checkbox"/> If self-employed PTIN i |
| | Firm's address ► 2347 SE 17TH STREET OCALA, FL 34471 | Firm's EIN ► 59-0548468 |
| | | Phone no. 352-732-3872 |

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 20,359,784 including grants of\$) (Revenue \$)

CASE MANAGEMENT - DEVELOP AND MANAGE CASE PLANS FOR CHILDREN THAT ENTER THE CHILD WELFARE SYSTEM. EACH CHILD'S CASE PLAN INCLUDES A GOAL FOR THE BEST OUTCOME FOR THE CHILD, SUCH AS REUNIFICATION WITH THE CHILD'S FAMILY, PLACEMENT WITH A RELATIVE OR NON-RELATIVE CAREGIVER, OR ADOPTION. CASE WORKERS THEN MANAGE THE CASE PLANS BY VISITING THE CHILDREN, FAMILIES AND CAREGIVERS AND ARRANGING FOR THE SERVICES IDENTIFIED IN THE CASE PLANS THAT ARE NEEDED TO ACHIEVE THE BEST OUTCOMES FOR THE CHILDREN.

4b (Code:) (Expenses \$ 6,925,287 including grants of\$) (Revenue \$)

RESIDENTIAL GROUP CARE AND EMERGENCY SHELTER - PROVIDE THE BASIC NECESSITIES, SUCH AS SHELTER, FOOD AND SUPERVISION, AS WELL AS OTHER SERVICES IN A GROUP SETTING TO CHILDREN IN THE CHILD WELFARE SYSTEM THAT HAVE BEEN REMOVED FROM THEIR HOMES. THE CAREGIVERS IN THIS PROGRAM OPERATE FACILITIES THAT ARE LICENSED TO PROVIDE CARE TO A LARGER NUMBER OF CHILDREN THAN TRADITIONAL FOSTER HOMES.

4c (Code:) (Expenses \$ 9,980,004 including grants of\$ 8,643,664) (Revenue \$)

ADOPTION - RECRUIT PROSPECTIVE ADOPTIVE PARENTS AND ASSIST WITH THE ADOPTION PROCESS FOR CHILDREN IN THE CHILD WELFARE SYSTEM WHOSE BIOLOGICAL PARENTS HAVE HAD THEIR PARENTAL RIGHTS TERMINATED BY THE COURTS. THE CASE MANAGEMENT ACTIVITIES FOR CHILDREN AWAITING ADOPTIONS AND THE MAINTENANCE ADOPTION SUBSIDIES PAID TO ELIGIBLE, ADOPTIVE FAMILIES ARE INCLUDED IN THE ADOPTION PROGRAM.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 14,627,146 including grants of\$ 1,243,380) (Revenue \$ 2,201,348)

4e Total program service expenses ► 51,892,221

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|-----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 X | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 X | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 X | |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 X | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a X | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b X | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c X | |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 X | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 X | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11a? If "Yes," complete Schedule G, Part I (see instructions) | 17 X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 X | |

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

| | Yes | No |
|-----|-----|----|
| 20a | | X |
| 20b | | |
| 21 | X | |
| 22 | X | |
| 23 | X | |
| 24a | | X |
| 24b | | |
| 24c | | |
| 24d | | |
| 25a | | X |
| 25b | | X |
| 26 | | X |
| 27 | | X |
| 28a | | X |
| 28b | | X |
| 28c | X | |
| 29 | X | |
| 30 | | X |
| 31 | | X |
| 32 | | X |
| 33 | X | |
| 34 | | X |
| 35a | | X |
| 35b | | |
| 36 | | X |
| 37 | | X |
| 38 | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

| | | Yes | No |
|------------|--|-------------------------------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 118 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 149 | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | <input checked="" type="checkbox"/> | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | |
| 4b | If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <input checked="" type="checkbox"/> | |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <input checked="" type="checkbox"/> | |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | <input checked="" type="checkbox"/> | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | <input checked="" type="checkbox"/> | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | <input checked="" type="checkbox"/> | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input checked="" type="checkbox"/> | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | <input checked="" type="checkbox"/> | |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | <input checked="" type="checkbox"/> | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | <input checked="" type="checkbox"/> | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | <input checked="" type="checkbox"/> | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | <input checked="" type="checkbox"/> | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | <input checked="" type="checkbox"/> | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | <input checked="" type="checkbox"/> | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | <input checked="" type="checkbox"/> | |
| 13c | Enter the amount of reserves on hand | <input checked="" type="checkbox"/> | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | <input checked="" type="checkbox"/> | |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | <input checked="" type="checkbox"/> | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year **1a 11**
- If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1b Enter the number of voting members included in line 1a, above, who are independent **1b 11**
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2 X**
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? **3 X**
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4 X**
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5 X**
- 6 Did the organization have members or stockholders? **6 X**
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a X**
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b X**
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 - a The governing body? **8a X**
 - b Each committee with authority to act on behalf of the governing body? **8b X**
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9 X**

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Did the organization have local chapters, branches, or affiliates? **10a X**
- b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a X**
- b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12a X**
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b X**
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **12c X**
- 13 Did the organization have a written whistleblower policy? **13 X**
- 14 Did the organization have a written document retention and destruction policy? **14 X**
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a The organization's CEO, Executive Director, or top management official **15a X**
 - b Other officers or key employees of the organization **15b X**
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a X**
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b X**

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
JOHN COOPER
WILDWOOD

**901 INDUSTRIAL DRIVE, SUITE 200
FL 34785**

352-873-6332

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|--|--------------------------|---------|-----------------|------------------------------------|--------|---|---|--|
| | | Officer or director/ trustee only | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CYRUS ROBINSON | 2.00 | | | | | | | | | |
| CHAIR | 0.00 | X | X | | | | | 0 | 0 | 0 |
| (2) REBECCA SCHATT | 2.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | X | | | | | 0 | 0 | 0 |
| (3) MATTHEW OSTRANDER | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) STEPHEN SPIVEY | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) GAIL BURRY | 1.50 | | | | | | | | | |
| TREASURER | 0.00 | X | X | | | | | 0 | 0 | 0 |
| (6) MIKE JORDAN | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) KEVIN SHEILLEY | 0.25 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) JEFFREY DAWSY | 4.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) RODNEY ROCKER | 10.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) CHRIS LANGLEY | 0.25 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) KELLY KING | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|---------------------------------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (12) JOHN COOPER | 50.00 | | | | | | | | |
| CEO | 0.00 | | X | | | | 160,017 | 0 | 30,196 |
| (13) JOHN AITKEN | 50.00 | | | | | | | | |
| CFO | 0.00 | | X | | | | 117,846 | 0 | 28,453 |
| (14) SHALONDA MCHENRY-SIMS | 50.00 | | | | | | | | |
| CHIEF OF OPERATIONS | 0.00 | | | X | | | 108,625 | 0 | 28,410 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1b Sub-total | | | | | | | 386,488 | | 87,059 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 386,488 | | 87,059 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------------|---------------------|
| YOUTH & FAMILY ALTERNATIVES NEW PORT RICHEY | 7524 PLATINE ROAD CASE MGMT., ADOP | 6,391,250 |
| THE CENTERS, INC. OCALA | 5664 SW 60TH AVE CASE MGMT., ADOP | 6,219,496 |
| LIFESTREAM BEHAVIORAL CENTER LEESBURG | 2020 TALLY ROAD CASE MGMT., ADOP | 5,003,115 |
| DEVEREUX KIDS TAMPA | 10069 NORTH FLORIDA BLVD DIVERSION | 1,997,708 |
| NEIGHBOR TO FAMILY, INC. DAYTONA BEACH | 200 S RIDGEWOOD AVE. DIVERSION | 471,965 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | 57,823 | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 51,238,958 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,075,278 | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 197,774 | | |
| | h Total. Add lines 1a-1f | | 52,372,059 | | |
| Program Service Revenue | 2a | Buss. Code | | | |
| | HEALTHY START | 624100 | 1,835,768 | 1,835,768 | |
| | CBC INTEGRATED HEALTH | 541610 | 324,523 | 324,523 | |
| | ADJ TO INV IN CBC P'SHIP | 541610 | 40,532 | 40,532 | |
| | MISCELLANEOUS | 624100 | 440 | 440 | |
| | INCOME/LOSS FROM CBC P'SHIP | 541610 | 85 | 85 | |
| | All other program service revenue | | | | |
| | g Total. Add lines 2a-2f | | 2,201,348 | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | | 917 | | 917 |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| | (i) Real | (ii) Personal | | | |
| 6a Gross rents | | | | | |
| b Less: rental exps | | | | | |
| c Rental inc. or (loss) | | | | | |
| d Net rental income or (loss) | | | | | |
| 7a Gross amount from sales of assets | (i) Securities | (ii) Other | | | |
| other than inventory | | 9,789 | | | |
| b Less: cost or other basis & sales exps | | 9,378 | | | |
| c Gain or (loss) | | 411 | | | |
| d Net gain or (loss) | | | 411 | | 411 |
| 8a Gross income from fundraising events (not including \$ | 57,823 | | | | |
| of contributions reported on line 1c). See Part IV, line 18 | a | 14,558 | | | |
| b Less: direct expenses | b | 33,799 | | | |
| c Net income or (loss) from fundraising events | | | -19,241 | | -19,241 |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less: cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | Buss. Code | | | |
| 11a OTHER | | 900099 | 1,584 | | 1,584 |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 1,584 | | | |
| 12 Total revenue. See instructions. | | 54,557,078 | 2,201,348 | 0 | -16,329 |

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).**Check if Schedule O contains a response or note to any line in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 40,000 | 40,000 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 9,847,044 | 9,847,044 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 403,942 | | 403,942 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 6,189,754 | 5,160,666 | 1,029,088 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 146,596 | 115,656 | 30,940 | |
| 9 Other employee benefits | 820,456 | 735,797 | 84,659 | |
| 10 Payroll taxes | 507,182 | 407,063 | 100,119 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 11,755 | 2,775 | 8,980 | |
| c Accounting | 30,850 | 1,589 | 29,261 | |
| d Lobbying | 16,624 | | 16,624 | |
| e Professional fundraising services. See Part IV, line 25, column (A) amount, list line 25 expenses on Schedule O) | 33,400,159 | 33,292,905 | 107,254 | |
| 12 Advertising and promotion | 88,726 | 88,246 | 480 | |
| 13 Office expenses | 759,381 | 577,921 | 181,460 | |
| 14 Information technology | 162,423 | 110,188 | 52,235 | |
| 15 Royalties | | | | |
| 16 Occupancy | 444,126 | 342,897 | 101,229 | |
| 17 Travel | 328,202 | 315,345 | 12,857 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 73,339 | 55,832 | 17,507 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 353,790 | 326,000 | 27,790 | |
| 23 Insurance | 348,499 | 288,748 | 59,751 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a LIFE SCAN | 106,550 | 106,066 | 484 | |
| b IL LIFE SKILL | 29,939 | 29,939 | | |
| c FOSTER PARENT EXPENSE | 22,700 | 22,700 | | |
| d KINSHIP PROGRAM | 21,927 | 21,927 | | |
| e All other expenses | 8,083 | 2,917 | 5,166 | |
| 25 Total functional expenses. Add lines 1 through 24e | 54,162,047 | 51,892,221 | 2,269,826 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|-----|---|--------------------------|--------------------|--------------------|
| | Assets | | | |
| 1 | Cash—non-interest bearing | 13,891 | 1 | 5,860 |
| 2 | Savings and temporary cash investments | 3,870,741 | 2 | 4,909,591 |
| 3 | Pledges and grants receivable, net | 1,464,036 | 3 | 496,320 |
| 4 | Accounts receivable, net | 233,826 | 4 | 383,004 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | 46,863 | 9 | 66,187 |
| 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,070,614 | | |
| b | Less: accumulated depreciation | 10b 2,625,267 | 10c 703,491 | 445,347 |
| 11 | Investments—publicly traded securities | | 11 | |
| 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | 232,678 | 13 | 170,956 |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 554,509 | 15 | 556,170 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 7,120,035 | 16 | 7,033,435 |
| | Liabilities | | | |
| 17 | Accounts payable and accrued expenses | 4,781,168 | 17 | 4,462,024 |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | 356,890 | 19 | 162,005 |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 307,677 | 21 | 340,075 |
| 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 5,445,735 | 26 | 4,964,104 |
| | Net Assets or Fund Balances | | | |
| | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 970,809 | 27 | 1,623,984 |
| 28 | Temporarily restricted net assets | 703,491 | 28 | 445,347 |
| 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 1,674,300 | 33 | 2,069,331 |
| 34 | Total liabilities and net assets/fund balances | 7,120,035 | 34 | 7,033,435 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

| | | |
|---|----|------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 54,557,078 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 54,162,047 |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 395,031 |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,674,300 |
| 5 Net unrealized gains (losses) on investments | 5 | |
| 6 Donated services and use of facilities | 6 | |
| 7 Investment expenses | 7 | |
| 8 Prior period adjustments | 8 | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,069,331 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| 2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | 3a | X |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____ | 3b | X |

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

KIDS CENTRAL INC.Employer identification number
03 - 0423152**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations _____
 g Provide the following information about the supported organization(s). _____

| (I) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-10 above (see instructions)) | (IV) Is the organization listed in your governing document? | | (V) Amount of monetary support (see instructions) | (VI) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 47,114,413 | 47,558,844 | 48,350,272 | 51,730,077 | 52,372,059 | 247,125,665 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 47,114,413 | 47,558,844 | 48,350,272 | 51,730,077 | 52,372,059 | 247,125,665 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 247,125,665 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 47,114,413 | 47,558,844 | 48,350,272 | 51,730,077 | 52,372,059 | 247,125,665 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 247 | 281 | 330 | 541 | 917 | 2,316 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 3,785 | -13,464 | 27,986 | 12,710 | 16,142 | 47,159 |
| 11 Total support. Add lines 7 through 10 | | | | | | 247,175,140 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 7,922,129 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► [] | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-------|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.98 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 99.98 % |
| 16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ► [X] | |
| b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ► [] | |
| 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ► [] | |
| b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ► [] | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ► [] | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons ... | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------------------------|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | <input type="checkbox"/> |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- A family member of a person described in (a) above?
- A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See **Instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2017 **KIDS CENTRAL INC.****03-0423152**

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (I) Excess Distributions | (II) Underdistributions Pre-2017 | (III) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017: | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

| | | |
|-----------------------|----|----------------|
| OTHER INCOME | \$ | 2,084 |
| SPECIAL EVENTS | \$ | 56,196 |
| CBC P'SHIP | \$ | -17,584 |
| CBC CASUALTY | \$ | 6,463 |

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to www.irs.gov/Form990 for the latest information.

2017

Name of the organization

KIDS CENTRAL INC.

Employer identification number

Organization type (check one):

Filers of:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

PAGE 1 OF 1

Page 2

Name of organization

KIDS CENTRAL INC.

Employer identification number

03-0423152**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1. | FLORIDA DEPT OF CHILDREN & FAMILIES 1601 W. GULF ATLANTIC HWY WILDWOOD FL 34785 | \$ 51,238,958 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ..... | ..... | \$ ..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ..... | ..... | \$ ..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ..... | ..... | \$ ..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ..... | ..... | \$ ..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ..... | ..... | \$ ..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE C
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2017**Open to Public Inspection**
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

KIDS CENTRAL INC.Employer identification number
03-0423152
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Schedule C (Form 990 or 990-EZ) 2017 KIDS CENTRAL INC.

03-0423152

Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

| | (a) Filing organization's totals | (b) Affiliated group totals |
|---|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |
| If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | |
| Over \$17,000,000 | \$1,000,000. | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |
| J If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | X | | |
| d Mailings to members, legislators, or the public? | X | | |
| e Publications, or published or broadcast statements? | X | | |
| f Grants to other organizations for lobbying purposes? | X | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 16,624 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | |
| i Other activities? | X | | |
| j Total. Add lines 1c through 1i | | | 16,624 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | X | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | |
|--|----|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

LINE 1A, LINE 1B AND LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR

STAFFS, GOVERNMENTAL OFFICIALS, OR A LEGISLATIVE BODY

Schedule C (Form 990 or 990-EZ) 2017 **KIDS CENTRAL INC.**

Part IV Supplemental Information (continued)

03-0423152

Page 4

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

Employer identification number

KIDS CENTRAL INC.**03-0423152****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

| | |
|---|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). | |
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | Held at the End of the Tax Year |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► | |
| 4 Number of states where property subject to conservation easement is located ► | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to its financial statements that describes the organization's accounting for conservation easements. | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

| | |
|--|------------|
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. | ► \$ |
| 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: | |
| (I) Revenue included on Form 990, Part VIII, line 1 | ► \$ |
| (II) Assets included in Form 990, Part X | ► \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| a Revenue included on Form 990, Part VIII, line 1 | ► \$ |
| b Assets included in Form 990, Part X | ► \$ |

Schedule D (Form 990) 2017 KIDS CENTRAL INC.

03 - 0423152

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations
 d Loan or exchange programs
 e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? _____

 Yes No**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? _____

 Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? _____

 Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII _____

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(I) unrelated organizations

(II) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

| Yes | No |
|--------|----|
| 3a(I) | |
| 3a(ii) | |
| 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------|---|------------------------------------|---------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 2,400 | 2,400 | |
| d Equipment | | 3,068,214 | 2,622,867 | 445,347 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ►

445,347

Schedule D (Form 990) 2017 KIDS CENTRAL INC.**03-0423152****Page 3****Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| UNBILLED REVENUES | 556,170 |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► | 556,170 |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017 KIDS CENTRAL INC.

03-0423152

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | |
|---|----|-------------------|
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 54,411,242 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2a | |
| b Donated services and use of facilities | 2b | 18,550 |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIII.) | 2d | |
| e Add lines 2a through 2d | 2e | 18,550 |
| 3 Subtract line 2e from line 1 | 3 | 54,392,692 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII.) | 4b | 164,386 |
| c Add lines 4a and 4b | 4c | 164,386 |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 54,557,078 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | |
|--|----|-------------------|
| 1 Total expenses and losses per audited financial statements | 1 | 54,016,211 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | 18,550 |
| b Prior year adjustments | 2b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIII.) | 2d | 33,388 |
| e Add lines 2a through 2d | 2e | 51,938 |
| 3 Subtract line 2e from line 1 | 3 | 53,964,273 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII.) | 4b | 197,774 |
| c Add lines 4a and 4b | 4c | 197,774 |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 54,162,047 |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

KIDS CENTRAL INC., AS REPRESENTATIVE PAYEE, WILL HAVE ACCESS TO REVOCABLE SUBACCOUNTS THAT ARE CREATED FOR THE BENEFIT OF CLIENTS WHO RECEIVE SUPPLEMENTAL SECURITY INCOME BENEFITS OR SOCIAL SECURITY ACT TITLE II BENEFITS. FUNDS FOR THE CLIENT'S CURRENT NEEDS WILL BE DISBURSED BY THE DEPARTMENT, AS TRUSTEE, WITHIN THE CONTEXT OF SECTIONS 402.17 AND 402.33, FLORIDA STATUTES. AS TO A PARTICULAR CLIENT'S ACCOUNT OR SUBACCOUNT(S), THE MASTER TRUST TERMINATES WHEN THE CLIENT IS NO LONGER IN THE CARE AND CUSTODY OF THE DEPARTMENT.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

| | |
|------------------------|------------|
| NON-CASH CONTRIBUTIONS | \$ 197,774 |
|------------------------|------------|

Schedule D (Form 990) 2017 KIDS CENTRAL INC.
Part XIII Supplemental Information (continued)**03-0423152****Page 5**

| | |
|-----------------------------------|-------------------|
| SPECIAL EVENT EXPENSES | \$ -33,799 |
| GAIN ON DISPOSAL OF ASSETS | \$ 411 |

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

| | |
|-------------------------------|------------------|
| SPECIAL EVENT EXPENSES | \$ 33,799 |
| GAIN/LOSS ON DISPOSAL | \$ -411 |

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

| | |
|-------------------------------|-------------------|
| NON-CASH CONTRIBUTIONS | \$ 197,774 |
|-------------------------------|-------------------|

SCHEDULE G
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

KIDS CENTRAL INC.Employer identification number
03 - 0423152
**Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

| | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (I) Name and address of individual or entity (fundraiser) | (II) Activity | (III) Did fund-raiser have custody or control of contributions? | | (IV) Gross receipts from activity | (V) Amount paid to (or retained by) fundraiser listed in col. (I) | (VI) Amount paid to (or retained by) organization |
|---|---------------|---|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2017 KIDS CENTRAL INC.

03-0423152

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | (a) Event #1 CASINO ROYALE (event type) | (b) Event #2 FOSTER PARENT (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|--|---|---|
| Revenue | 1 Gross receipts 55,641 | 16,740 | | 72,381 |
| | 2 Less: Contributions | 51,947 | 5,876 | 57,823 |
| | 3 Gross Income (line 1 minus line 2) | 3,694 | 10,864 | 14,558 |
| Direct Expenses | 4 Cash prizes | | | |
| | 5 Noncash prizes | | | |
| | 6 Rent/facility costs | 1,716 | 3,800 | 5,516 |
| | 7 Food and beverages | 3,450 | 10,342 | 13,792 |
| | 8 Entertainment | 4,440 | 4,389 | 8,829 |
| | 9 Other direct expenses | 3,120 | 2,542 | 5,662 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | 33,799 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | -19,241 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|
| Revenue | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | |
| | 3 Noncash prizes | | | |
| | 4 Rent/facility costs | | | |
| | 5 Other direct expenses | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | |

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain:
.....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:
.....

Schedule G (Form 990 or 990-EZ) 2017

KIDS CENTRAL INC.**03-0423152**

Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

- a The organization's facility
- b An outside facility

| | |
|-----|---|
| 13a | % |
| 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ►\$

Description of services provided ►

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ►\$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and

Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.

See instructions.

SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION

SCHEDULE G, PART II REPORTS FUNDRAISING EVENTS. TOTAL RECEIPTS WERE \$72,381 AND DIRECT EXPENSES WERE \$59,881. THE NET INCOME OF THE FUNDRAISING EVENTS WERE \$12,500. A SIGNIFICANT PORTION OF THE RECEIPTS MEETS THE INTERNAL REVENUE SERVICE'S DEFINITION OF CONTRIBUTIONS AND THEREFORE IS NOT INCLUDED IN THE NET INCOME SUMMARY REPORT ON SCHEDULE G, PART II, LINE 11.

.....
.....
.....
.....

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

KIDS CENTRAL INC.Employer identification number
03-0423152**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | 1 (b) EIN | 1 (c) IRC section (if applicable) | 1 (d) Amount of cash grant | 1 (e) Amount of non-cash assistance | 1 (f) Method of valuation (book, FMV, appraisal, other) | 1 (g) Description of noncash assistance | 1 (h) Purpose of grant or assistance |
|--|------------|-----------------------------------|----------------------------|-------------------------------------|---|---|--------------------------------------|
| (1) BOYS & GIRLS CLUB OF HERNANDO COUNT 5404 APPLEGATE DR SPRING HILL FL 34606 | 59-3550575 | 501C3 | 10,000 | | | | AFTER SCHOOL PROGRAM |
| (2) BOYS AND GIRLS CLUB OF CITRUS COUNT 3814 S. LECANTO HWY LECANTO FL 34461 | 59-3124840 | 501C3 | 10,000 | | | | AFTER SCHOOL PROGRAM |
| (3) BOYS AND GIRLS CLUB OF LAKE AND SUM 400 EXECUTIVE BLVD LEESBURG FL 34748 | 59-1524504 | 501C3 | 10,000 | | | | AFTER SCHOOL PROGRAM |
| (4) BOYS AND GIRLS CLUB OF MARION COUNT 800 SW 12TH AVE OCALA FL 34471 | 59-1172127 | 501C3 | 10,000 | | | | AFTER SCHOOL PROGRAM |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

► 4

3 Enter total number of other organizations listed in the line 1 table

► 0

Schedule I (Form 990) (2017) KIDS CENTRAL INC.**03-0423152****Page 2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 RELATIVE CARE | | 79,626 | | | |
| 2 ADOPTION SUBSIDIES | | 8,643,664 | | | |
| 3 NON CASH DISTRIBUTIONS | | | 197,774 | THRIFT/ FMV | SEE PART IV |
| 4 NORMALIZATION ACTIVITIES | | 325,440 | | | |
| 5 EXTENDED FOSTER CARE | | 600,540 | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

| SCHEDULE I (Form 990) | | Supplemental Information | 2017 |
|--|--|--|-------------|
| | | For calendar year 2017, or tax year beginning 07/01/17 and ending 06/30/18 | |
| Name of the organization KIDS CENTRAL INC. | | Employer identification number 03-0423152 | |

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PRIOR TO THE GRANT AWARD, RECIPIENTS OF GRANT FUNDS RECEIVE INSTRUCTION ON THE ELIGIBLE USES OF THE FUNDS. SUBRECIPIENTS RECEIVE PERIODIC MONITORING TO DETERMINE THAT THEIR ACTIVITIES MEET THE GRANT REQUIREMENTS IN TERMS OF RESULTS, QUALITY, AND COMPLIANCE. VARIOUS MONITORING METHODS ARE USED SUCH AS REVIEWING PERFORMANCE REPORTS AND OTHER DOCUMENTATION, COLLECTING FEEDBACK FROM CLIENTS, AND MAKING SITE VISITS.

PART IV - ADDITIONAL INFORMATION**ADDITIONAL DESCRIPTION SCHEDULE I - PART III**

INDEPENDENT LIVING PROGRAM - YOUTHS WHO HAVE SPENT AT LEAST 6 MONTHS IN FOSTER CARE MAY QUALIFY FOR A MONTHLY STIPEND TO ASSIST THEM WITH LIVING EXPENSES WHILE THEY CONTINUE THEIR EDUCATION AND TRANSITION FROM FOSTER CARE TO LIVING AS AN INDEPENDENT ADULT.

RELATIVE CAREGIVERS - ASSISTANCE GIVEN TO RELATIVE CAREGIVERS TO ALLOW THE TO CARE FOR A CHILD IN THEIR HOME RATHER THAN HAVE THE CHILD ENTER THE FOSTER CARE SYSTEM. THIS IS GENERALLY ONE-TIME ASSISTANCE AND INCLUDE ITEMS SUCH AS RENT AND HOME REPAIRS (ELECTRICAL, PLUMBING, ETC).

ADOPTION SUBSIDIES - MANY FAMILIES ADOPTING CHILDREN FROM THE FOSTER CARE SYSTEM QUALIFY FOR A MONTHLY SUBSIDY TO PROVIDE FINANCIAL ASSISTANCE FOR THE SPECIAL NEEDS OF THE ADOPTED CHILD. ELIGIBILITY FOR THESE SUBSIDIES ARE DETERMINED BY THE SPECIFIC NEEDS OF EACH ADOPTED CHILD.

NORMALIZATION ACTIVITIES - NON-TRADITIONAL SERVICES THAT SUPPORT THE CHILD'S CASE PLAN.

EXTENDED FOSTER CARE - PROVIDED TO YOUNG ADULTS 18-21 WITH A DISABILITY,

| | | |
|--|---------------------------------|---------------------------------------|
| SCHEDULE I (Form 990) | Supplemental Information | 2017 |
| For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18 | | |
| Name of the organization | | Employer identification number |
| KIDS CENTRAL INC. | | 03-0423152 |

**RESIDING IN A LICENSED FOSTER HOME OR GROUP HOME. THESE ADULTS ARE:
COMPLETING SECONDARY EDUCATION; ENROLLED IN AN INSTITUTION THAT
PROVIDES POST SECONDARY OR VOCATIONAL EDUCATION; PARTICIPATING IN A
PROGRAM OR ACTIVITY DESIGNED TO PROMOTE OR ELIMINATE BARRIERS TO
EMPLOYMENT; EMPLOYED FOR AT LEAST 80 HRS PER MONTH; OR UNABLE TO
PARTICIPATE IN PROGRAMS OR ACTIVITIES LISTED ABOVE FULL TIME DUE TO A
PHYSICAL, INTELLECTUAL, EMOTIONAL OR PSYCHIATRIC CONDITION THAT LIMITS
PARTICIPATION.**

NON CASH CONTRIBUTIONS - NON CASH ITEMS PROVIDED TO INDIVIDUALS.

COLUMN F DESCRIPTION OF NON CASH ASSISTANCE- CLOTHING AND HOUSEHOLD ITEMS, GIFTCARDS AND GIFTS ITEMS FOR FOSTER CHILDREN AND FOSTER PARENTS

SCHEDULE J
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Compensation Information
 For certain Officers, Directors, Trustees, Key Employees, and Highest
 Compensated Employees

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

KIDS CENTRAL INC.Employer identification number
03-0423152**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

| | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

| | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

| | Yes | No |
|----|-------------------------------------|-------------------------------------|
| 1b | | |
| 2 | | |
| 4a | <input checked="" type="checkbox"/> | |
| 4b | <input checked="" type="checkbox"/> | |
| 4c | <input checked="" type="checkbox"/> | |
| 5a | <input checked="" type="checkbox"/> | |
| 5b | <input checked="" type="checkbox"/> | |
| 6a | <input checked="" type="checkbox"/> | |
| 6b | <input checked="" type="checkbox"/> | |
| 7 | | <input checked="" type="checkbox"/> |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2017 KIDS CENTRAL INC.

03-0423152

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-----------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (I) Base compensation | (II) Bonus & incentive compensation | (III) Other reportable compensation | | | | |
| JOHN COOPER 1 CEO | (i) 141,841 (ii) 0 | (i) 18,176 (ii) 0 | (i) 0 (ii) 0 | (i) 7,793 (ii) 0 | (i) 23,152 (ii) 0 | (i) 190,962 (ii) 0 | (i) 0 (ii) 0 |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |

Schedule J (Form 990) 2017 KIDS CENTRAL INC.

03-0423152

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

KIDS CENTRAL INC.

OMB No. 1545-0047

2017

Open To Public
Inspection

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 26b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
03-0423152

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----|----------------|----|
| | | | Yes | No | Yes | No |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan id or from the org.? To From | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|--|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |

Total ► \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

Schedule L (Form 990 or 990-EZ) 2017 KIDS CENTRAL INC.**03-0423152****Page 2****Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
| | | | | Yes | No |
| (1) MIKE JORDAN | SEE PART V | 30,423 | SEE PART V | | X |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION**SCHEDULE L, PART IV****LINE 1 -**

COLUMN (B) - MR. JORDAN IS THE EXECUTIVE DIRECTOR OF MARION COUNTY CHILDREN'S ALLIANCE.

COLUMN (D) - MARION COUNTY CHILDREN'S ALLIANCE RECEIVES FUNDING FROM KIDS'S CENTRAL, INC. \$30,423 IS UTILIZED FOR GENERAL BUSINESS OPERATIONS AND A PORTION OF THE FUNDS WAS ALSO UTILIZED FOR AFTER SCHOOL PROGRAMS.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2017**Open To Public
Inspection**

Name of the organization

Employer identification number

KIDS CENTRAL INC.**03-0423152****Part I Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 121,703 | THRIFT VALUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (GIFT\$ / GIFT CARD) | X | 85 | 64,113 | DONATED PROP. SALE PRICE |
| 26 Other ► (TRAVEL & ENT) | X | 2 | 3,160 | SALE OF COMPARABLE ITEMS |
| 27 Other ► (GIFT CARDS) | X | 16 | 6,698 | DONATED PROP. SALE PRICE |
| 28 Other ► (KINSHP TRAINING) | X | 28 | 2,100 | DONATED PROP. SALE PRICE |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION**SCHEDULE M, PART I, COLUMN B REPORTS THE NUMBER OF CONTRIBUTION EVENTS.**

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

KIDS CENTRAL INC.**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection

Employer identification number

03-0423152**FORM 990 - ORGANIZATION'S MISSION****PROTECTING CHILDREN. SUPPORTING FAMILIES. ENGAGING COMMUNITIES.**

TO DEVELOP AND MANAGE A CHILD-CENTERED COMMUNITY-BASED SYSTEM OF CARE FOR ABUSED, NEGLECTED AND ABANDONED CHILDREN AND THEIR FAMILIES, IN ORDER TO STRENGTHEN FAMILIES AND PREVENT THEM FROM ENTERING THE CHILD WELFARE SYSTEM.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

OTHER OUT OF HOME CARE - PROVIDE THE BASIC NECESSITIES, SUCH AS SHELTER, FOOD, AND SUPERVISION, AS WELL AS OTHER SERVICES IN A GROUP SETTING TO CHILDREN IN THE CHILD WELFARE SYSTEM THAT HAVE BEEN REMOVED FROM THEIR HOMES.

THE CAREGIVERS IN THIS PROGRAM OPERATE FACILITIES THAT ARE LICENSED TO PROVIDE CARE TO A LARGER NUMBER OF CHILDREN THAN TRADITIONAL FOSTER HOMES. OTHER PROGRAMS INCLUDE FOSTER CARE, RECRUITMENT AND LICENSING AND INDEPENDENT LIVING.

FORM 990, PART VI - ADDITIONAL INFORMATION

16B - THE ORGANIZATION PARTICIPATES IN A PARTNERSHIP OF OTHER COMMUNITY BASED CARE ORGANIZATIONS. THE PURPOSE OF THE PARTNERSHIP IS TO JOINTLY PROPOSE ON PREPAID CHILD WELFARE AND MENTAL HEALTH PROGRAMS. THE ORGANIZATION HAS DETERMINED THAT NO AMOUNT WAS UNRELATED TO THE IT'S EXEMPT FUNCTION.

Name of the organization

Employer identification number

KIDS CENTRAL INC.**03-0423152**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 PREPARER PROVIDES A GENERAL REVIEW OF THE FORM 990 FOR KIDS
CENTRAL'S FINANCE COMMITTEE WHICH CONSISTS OF 4 MEMBERS FROM THE BOARD OF
DIRECTORS, THE CHIEF EXECUTIVE OFFICER, AND THE CHIEF FINANCIAL OFFICER.
THE CHIEF FINANCIAL OFFICER PERFORMS A DETAILED REVIEW OF THE FORM 990. A
COPY OF FORM 990 IS SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS. A
MOTION OF APPROVAL FROM THE BOARD OF DIRECTORS IS REQUIRED BEFORE THE FORM
990 CAN BE ACCEPTED AS COMPLETE AND READY FOR SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
DIRECTORS, OFFICERS, VOLUNTEERS AND EMPLOYEES ARE COVERED BY THE CONFLICT
OF INTEREST POLICY. CONFLICTS SHALL BE REPORTED TO THE BOARD OF DIRECTORS
OR EXECUTIVE COMMITTEE. ANY BOARD MEMBER HAVING A CONFLICT OF INTEREST OR
Possible CONFLICT OF INTEREST SHOULD NOT VOTE OR USE HIS/HER INFLUENCE ON
THE MATTER. THE MINUTES OF THE MEETING SHOULD REFLECT THAT A DISCLOSURE
WAS MADE. ANNUALLY, ALL BOARD MEMBERS ARE REQUIRED TO SIGN A STATEMENT
ACKNOWLEDGING THE CONFLICT OF INTEREST POLICY AND THEIR REQUIREMENTS TO
DISCLOSE CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE CHIEF FINANCIAL
OFFICER INCLUDES A THREE YEAR HUMAN RESOURCES COMPREHENSIVE SALARY SURVEY
OF CBC'S IN FLORIDA. SURVEY PARTICIPATION HAS BEEN CLOSE TO 100%. THE HR
DEPARTMENT UTILIZES THE RESULTS, AS WELL AS OTHER NATIONAL AND STATE
SURVEYS TO DETERMINE THE SALARY RANGES FOR ALL EMPLOYEES. THE BOARD'S
FINANCE COMMITTEE APPROVES THE RANGES. AFTER APPROVAL THE BOARD'S
EXECUTIVE COMMITTEE PERFORMS AN ANNUAL PERFORMANCE EVALUATION OF THE CEO.

Name of the organization

KIDS CENTRAL INC.

Employer identification number

03-0423152

AND DETERMINES IF THE CEO IS PLACED CORRECTLY WITHIN THE SALARY RANGE AND APPROVES ANY CHANGES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE OFFICERS AND KEY
EMPLOYEES INCLUDES A THREE YEAR HUMAN RESOURCES COMPREHENSIVE SALARY SURVEY
OF CBC'S IN FLORIDA. SURVEY PARTICIPATION HAS BEEN CLOSE TO 100%. THE HR
DEPARTMENT UTILIZES THE RESULTS, AS WELL AS OTHER NATIONAL AND STATE
SURVEYS TO DETERMINE THE SALARY RANGES FOR ALL EMPLOYEES. THE BOARD'S
FINANCE COMMITTEE APPROVES THE RANGES. THIS INFORMATION IS THEN UTILIZED
TO DETERMINE THE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES AND THIS
INFORMATION IS APPROVED BY THE BOARD'S EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII - ADDITIONAL INFORMATION

SECTION A - OFFICERS ARE ELECTED IN JUNE OF EACH YEAR. THE OFFICER
DESIGNATIONS IN PART VII SECTION A ARE REFLECTIVE OF THE DESGINATION AT
JUNE 30TH.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

PROGRAM SERVICE

MGT & GENERAL

FUNDRAISING

CONTRACTED SERVICES

\$ 20,200,875

\$

0

\$

0

Schedule O (Form 990 or 990-EZ) (2017)

Page 2

Name of the organization

KIDS CENTRAL INC.

Employer identification number

03-0423152OUT OF HOME CARE PAYMENTS

| | | |
|---------------|------|------|
| \$ 12,471,139 | \$ 0 | \$ 0 |
|---------------|------|------|

OTHER FEES

| | | |
|------------|------------|------|
| \$ 620,891 | \$ 107,254 | \$ 0 |
|------------|------------|------|

TOTAL

| | | |
|---------------|------------|------|
| \$ 33,292,905 | \$ 107,254 | \$ 0 |
|---------------|------------|------|

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

| | |
|-----------------------------------|-------------|
| <u>NON-CASH CONTRIBUTIONS</u> | \$ -197,774 |
| <u>SPECIAL EVENT EXPENSES</u> | \$ 33,799 |
| <u>GAIN ON DISPOSAL OF ASSETS</u> | \$ -411 |
| <u>SPECIAL EVENT EXPENSES</u> | \$ -33,799 |
| <u>GAIN/LOSS ON DISPOSAL</u> | \$ 411 |
| <u>NON-CASH CONTRIBUTIONS</u> | \$ 197,774 |

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

KIDS CENTRAL INC.

OMB No. 1545-0047*

2017**Open to Public
Inspection**

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
03-0423152**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-----|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | CBHA, LLC (SEE PART VII) 901 INDUSTRIAL DRIVE, SUITE 200 47-3525207 WILDWOOD FL 34785 | HEALTH | FL | | 7,942 | KIDS CENTR |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | | Yes | No |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |

Schedule R (Form 990) 2017 KIDS CENTRAL INC.

03-0423152

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (isolated, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Dispro- portionate alloc.? | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | | (j) General or managing partner? | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|--|---------------------------------|--|---|---|----|---|--------------------------------|
| | | | | | | | | Yes | No | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp., S corp., or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(d)(13) controlled entity? | Yes | No |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|---|-----|----|
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | | Yes | No |
|---|----|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|--------------------------------|
| | | | | Yes | No | | | Yes | No | | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | |

Part VII Supplemental Information.**Provide additional information for responses to questions on Schedule R. See Instructions.****SCHEDULE R - ADDITIONAL INFORMATION****PART I, LINE 1:****THE FULL NAME OF THE WHOLLY OWNED DISREGARDED ENTITY IS COMMUNITY****BEHAVIORAL HEALTH APPROACH, LLC.**

NOTICE

The various schedules and worksheets that follow this page are not required by the Internal Revenue Service. These pages are for your information only.

Form 990

Two Year Comparison Report

2016 & 2017

For calendar year 2017, or tax year beginning 07/01/17, ending 06/30/18

Name

Taxpayer Identification Number

KIDS CENTRAL INC.**03-0423152**

| | | 2016 | 2017 | Differences |
|---------|--|----------------|------------|-------------|
| Revenue | 1. Contributions, gifts, grants | 1. 663,237 | 1,133,101 | 469,864 |
| | 2. Membership dues and assessments | 2. | | |
| | 3. Government contributions and grants | 3. 51,066,840 | 51,238,958 | 172,118 |
| | 4. Program service revenue | 4. 2,002,957 | 2,201,348 | 198,391 |
| | 5. Investment income | 5. 541 | 917 | 376 |
| | 6. Proceeds from tax exempt bonds | 6. | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. -23,894 | 411 | 24,305 |
| | 8. Net income or (loss) from fundraising events | 8. -21,527 | -19,241 | 2,286 |
| | 9. Net income or (loss) from gaming | 9. | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | |
| | 11. Other revenue | 11. 6,463 | 1,584 | -4,879 |
| | 12. Total revenue. Add lines 1 through 11 | 12. 53,694,617 | 54,557,078 | 862,461 |
| | 13. Grants and similar amounts paid | 13. 9,372,747 | 9,887,044 | 514,297 |
| | 14. Benefits paid to or for members | 14. | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. 406,992 | 403,942 | -3,050 |
| | 16. Salaries, other compensation, and employee benefits | 16. 8,017,157 | 7,663,988 | -353,169 |
| | 17. Professional fundraising fees | 17. | | |
| | 18. Other professional fees | 18. 33,249,181 | 33,459,388 | 210,207 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. 485,652 | 444,126 | -41,526 |
| | 20. Depreciation and Depletion | 20. 485,256 | 353,790 | -131,466 |
| | 21. Other expenses | 21. 1,913,831 | 1,949,769 | 35,938 |
| | 22. Total expenses. Add lines 13 through 21 | 22. 53,930,816 | 54,162,047 | 231,231 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. -236,199 | 395,031 | 631,230 |
| | 24. Total exempt revenue | 24. 53,694,617 | 54,557,078 | 862,461 |
| | 25. Total unrelated revenue | 25. | | |
| | 26. Total excludable revenue | 26. 1,964,540 | 2,185,019 | 220,479 |
| | 27. Total assets | 27. 7,120,035 | 7,033,435 | -86,600 |
| | 28. Total liabilities | 28. 5,445,735 | 4,964,104 | -481,631 |
| | 29. Retained earnings | 29. 1,674,300 | 2,069,331 | 395,031 |
| | 30. Number of voting members of governing body | 30. 10 | 11 | |
| | 31. Number of independent voting members of governing body | 31. 10 | 11 | |
| | 32. Number of employees | 32. 147 | 149 | |
| | 33. Number of volunteers | 33. 25 | 40 | |

Other Information

Form 990

Tax Return History

2017

Name

KIDS CENTRAL INC.Employer Identification Number
03-0423152

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|------|
| Contributions, gifts, grants | 47,114,413 | 47,558,844 | 48,350,272 | 51,730,077 | 52,372,059 | |
| Membership dues | | | | | | |
| Program service revenue | 804,649 | 1,192,306 | 1,664,673 | 2,002,957 | 2,201,348 | |
| Capital gain or loss | 4,639 | 15,854 | -14,031 | -23,894 | 411 | |
| Investment income | 247 | 281 | 330 | 541 | 917 | |
| Fundraising revenue (income/loss) | -15,613 | -21,213 | -18,199 | -21,527 | -19,241 | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | -17,084 | | 6,463 | 1,584 | |
| Total revenue | 47,908,335 | 48,728,988 | 49,983,045 | 53,694,617 | 54,557,078 | |
| Grants and similar amounts paid | 8,751,152 | 8,955,393 | 9,309,848 | 9,372,747 | 9,887,044 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | 356,211 | 343,251 | 387,044 | 406,992 | 403,942 | |
| Other compensation | 7,151,950 | 7,738,053 | 8,209,165 | 8,017,157 | 7,663,988 | |
| Professional fees | 29,458,556 | 28,261,599 | 29,464,916 | 33,249,181 | 33,459,388 | |
| Occupancy costs | 438,147 | 485,655 | 502,269 | 485,652 | 444,126 | |
| Depreciation and depletion | 338,643 | 399,626 | 611,964 | 485,256 | 353,790 | |
| Other expenses | 1,644,397 | 1,869,943 | 1,945,702 | 1,913,831 | 1,949,769 | |
| Total expenses | 48,139,056 | 48,053,520 | 50,430,908 | 53,930,816 | 54,162,047 | |
| Excess or (Deficit) | -230,721 | 675,468 | -447,863 | -236,199 | 395,031 | |
| Total exempt revenue | 47,908,335 | 48,728,988 | 49,983,045 | 53,694,617 | 54,557,078 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 793,922 | 1,170,144 | 1,632,773 | 1,964,540 | 2,185,019 | |
| Total Assets | 9,402,840 | 9,600,399 | 9,368,712 | 7,120,035 | 7,033,435 | |
| Total Liabilities | 7,713,483 | 7,235,574 | 7,451,750 | 5,445,735 | 4,964,104 | |
| Net Fund Balances | 1,689,357 | 2,364,825 | 1,916,962 | 1,674,300 | 2,069,331 | |

Form 990T

Tax Return History

2017

Name

KIDS CENTRAL INC.Employer Identification Number
03-0423152

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|--|------|------|------|------|------|------|
| Business activity profit/loss | | | | | | |
| Capital gains/losses | | | | | | |
| Partner and S Corp gain/loss | | | | | | |
| Rental income* | | | | | | |
| Debt-financed income* | | | | | | |
| Controlled organizations income/interest* | | | | | | |
| Investment income, specific organizations* | | | | | | |
| Exploited exempt activity income* | | | | | | |
| Other income | | | | | | |
| Total trade or business income. | | | | | | |
| Compensation of officers, ect. | | | | | | |
| Other salaries and wages | | | | | | |
| Repairs and maintenance | | | | | | |
| Bad debts | | | | | | |
| Interest | | | | | | |
| Taxes and licenses | | | | | | |
| Charitable contributions | | | | | | |
| Depreciation and Depletion | | | | | | |
| Deferred compensation plans | | | | | | |
| Employee benefit programs | | | | | | |

Form **990T****Tax Return History****2017**

Name

KIDS CENTRAL INC.Employer Identification Number
03-0423152

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---------------|-------------|-------------|-------------|-------------|-------------|
| Other deductions | | | | | | |
| Net operating loss deduction | | | | | | |
| Specific deduction | 1,000 | | | | | |
| Income after expense and deductions | -1,000 | | | | | |
| Income tax (corporate or trust) | | | | | | |
| Other taxes | | | | | | |
| Total taxes | | | | | | |
| General business credit | | | | | | |
| Other credits | | | | | | |
| Net tax after credits | | | | | | |
| Estimated tax payments | | | | | | |
| Other payments | | | | | | |
| Balance due/Overpayment | | | | | | |

* Income shown net of expenses

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Taxable Interest on Investments

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | Acquired after 6/30/75 | US Obs (\$ or %) |
|-----------------|--------|-------------------------|----------------|-------------|------------------------|------------------|
| INTEREST INCOME | \$ 917 | | | | 14 | |
| TOTAL | \$ 917 | | | | | |

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|---------------------------|----------------------|----------------------|----------------------|--------------|
| CONTRACTED SERVICES | \$ 20,200,875 | \$ 20,200,875 | \$ | \$ |
| OUT OF HOME CARE PAYMENTS | 12,471,139 | 12,471,139 | | |
| OTHER FEES | 728,145 | 620,891 | 107,254 | |
| TOTAL | <u>\$ 33,400,159</u> | <u>\$ 33,292,905</u> | <u>\$ 107,254</u> | <u>\$ 0</u> |

Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|----------------|-----------------|-----------------|----------------------|--------------|
| OTHER EXPENSES | \$ 8,083 | \$ 2,917 | \$ 5,166 | \$ |
| TOTAL | <u>\$ 8,083</u> | <u>\$ 2,917</u> | <u>\$ 5,166</u> | <u>\$ 0</u> |

Schedule A, Part II, Line 1(e)

| Description | Amount |
|-------------------------------------|----------------------|
| MISC. GRANTS | \$ 903,586 |
| OTHER GIFTS | 38,031 |
| GIFT CARDS | 6,698 |
| TRAVEL & ENTERTAINMENT | 3,160 |
| CLOTHING & HOUSEHOLD | 121,703 |
| KINSHIP TRAINING | 2,100 |
| FLORIDA DEPT OF CHILDREN & FAMILIES | |
| CASH CONTRIBUTION | 51,238,958 |
| CASINO ROYALE | |
| CASH CONTRIBUTION | 31,741 |
| FOSTER PARENT HALO | 20,206 |
| | 5,876 |
| TOTAL | <u>\$ 52,372,059</u> |

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Schedule A, Part II, Line 8(e)

| Description | Amount |
|-----------------|--------|
| INTEREST INCOME | \$ 917 |
| TOTAL | \$ 917 |